Submission No. 024
(Dental Services)
Date: 18/03/2013

NSW GOVERNMENT Health

INQ13/4

Dr Alison Clegg
Committee Secretary
House of Representatives Standing Committee on Health and Ageing
Inquiry into Adult Dental Services in Australia
Parliament House
PO Box 6021
CANBERRA ACT 2600

Dear Dr Clegg

I am pleased to provide you with the NSW Ministry of Health's submission to the Inquiry into Adult Dental Services in Australia.

I look forward to the outcome of the Committee's deliberations on the dental priorities of people living in NSW.

If you have any queries, the contact officer in the Ministry of Health is Ms Kim Stewart, Director, Office of the Chief Health Officer, on 02 9391 9235.

Yours sincerely

Dr Mary Foley
Director General

19-03-2013

NSW Ministry of Health
ABN 92 697 899 630

73 Miller St North Sydney NSW 2060
Locked Mail Bag 961 North Sydney NSW 2059
Tel. (02) 9391 9000 Fax. (02) 9391 9101
Website. www.health.nsw.gov.au

Attachment 1

NSW GOVERNMENT | Health

House of Representatives

Standing Committee on Health and Ageing

Inquiry into adult dental services in Australia

Submission by the NSW Ministry of Health

18 March 2013

Introduction

In Australia dental services, unlike other health services, are not covered by the principle of universal access. In the Australian health care system, Medicare and the entitlement that all Australians have to the medical and pharmaceutical benefits it provides are a well recognised strength. Public dental services provided by state public health services are largely only provided to the disadvantaged, with no Commonwealth scheme similar to Medicare that provides access to all. The National Health and Hospitals Reform Commission identified lack of universal basic dental programs as a major gap in health service access.

Access to dental care is essential for people to improve their oral and general health. The rate of clients visiting dental professionals varies considerably between the most and least disadvantaged in the population. A significantly higher proportion of adults in the least disadvantaged quintile (68.6%) visited a dental professional less than 12 months ago compared with the most disadvantaged quintile (53.5%),[2] This contributes to the persistent gap in oral health between the most and least disadvantaged.

In NSW, 87% of dental services are provided by the private sector,[2] with the majority funded through private health insurance or by individuals. Given that just over half of the NSW population has private health insurance for dental expenses[2] (for which many receive a rebate from the Commonwealth Government), the Commonwealth Government already funds a portion of private dentistry in NSW. In addition the Commonwealth has implemented two programs; the Medicare Teen Dental Plan (opened 1 July 2008, to be replaced by *Growing Up Smiling* from 1 January 2014) and the Chronic Disease Dental Scheme (opened 1 November 2007, now closed), both of which were administered by Medicare. The Commonwealth Government is the principal funder of primary health care. Given the majority of dental services are delivered in the primary care setting the Commonwealth Government is responsible for funding preventive and basic treatment dental services for those who cannot afford dental care.

NSW Health provides a safety net public dental system that provides a limited range of services to children and eligible adults (those who hold one or more of the following cards: Commonwealth Seniors Health Card, Health Card, or Pensioner Concession Card). Twenty four percent of the NSW adult population is eligible for public dental services,[3] with waiting times for access to services based on clinical priority.

NSW Health recognises that demand for dental services will continue to grow in the future in response to population growth, changes in patterns of dental diseases (and other diseases), the increase in tooth retention by older people leading to the need for more complex dental work, greater awareness of the importance of oral health and its impact on other chronic conditions, and the introduction of more advanced procedures and techniques.

Demand for dental services across Australia and issues associated with waiting lists.

Waiting lists are poor measures of unmet demand for dental services as they do not include adults who for various reasons are not seeking access to dental care even when they need it. In NSW this includes adults with poor dental health, who are not eligible for public dental services and cannot afford private dental care.

NSW faces a number of challenges that are likely to increase demand for public dental services over the next 10 years.[4] These include:

- Population growth: In 2026, the NSW population is projected to reach eight million; with Sydney remaining the dominant population centre in NSW. Most growth in Sydney will occur to the west and south west of the city. The population of most local government areas along the NSW coast is expected to increase, while the population of most inland areas of NSW is expected to decline.[4] These changing demographic patterns will influence the demand for services and will need to be considered in planning the location and type of services provided.

- Ageing population: In 2026, 20% of the population will be people aged 65 years and older, compared to 13.1% in 2001.[4] Older Australians are retaining their natural teeth, and accordingly, a range of chronic degenerative dental disorders is now emerging (such as tooth wear, erosion, cuspal fractures, pulp infection, and root fracture). The consequences of increased tooth retention in older adults, combined with an increased proportion of clients in this age group with complex medical needs, means new skills will be required by dentists to manage these age-related disorders as well as an increased demand for more general, periodontic, and prosthodontic dental care.

- Increasing services per visit required because of the increasing complexity of dental needs.

- Greater dependence on the public sector as the number of private sector dentists in some regional and rural communities declines.

It is reasonable to assume that the same challenges apply in the national context.

The mix and coverage of dental services supported by state and territory governments, and the Australian Government.

In NSW, as in the rest of Australia, the majority of dental services are provided by private providers. In Australia in 2010/2011, $7.1 billion was spent on private dentistry and $743 million on public dentistry.[5] The Commonwealth Government provided $528 million in private health insurance rebates in 2010/2011 for dentistry.[5] This level of rebate will be moderated by means testing of private health insurance, which was introduced in 2012. The Australian States provided 9% of dental services, as measure by financial contribution, in 2010/2011.[5]

Funding for dental programs has been affected by the 1 December 2012 closure of the Chronic Disease Dental Scheme. NSW residents were significant users of the scheme, with just under half of all claims paid nationally in 2012 paid in NSW. This amounted to $513 million.[6]

Public dental services in NSW are provided via approximately 183 public sector dental clinics with a combined total of approximately 750 dental chairs.[4] Eighteen Aboriginal Medical Services also provide oral health services, funded by the NSW Ministry of Health.[4] The range of services provided through the NSW public health system broadly includes dental services to children and eligible adults according to criteria that prioritise emergency situations: those in most need and at highest risk of disease; dental education and oral health promotion services.

In NSW these services are delivered by each of the Local Health Districts and several specialised networks through direct service delivery or engagement with the private sector. The public dental services are delivered in dental clinics primarily based in community health centres and hospitals and include general dentistry such as examinations, fillings, and dentures. Contracted services are also provided via the NSW State Oral Health Fee for Service Scheme, which enables public oral health services to provide care through a private practitioner using a voucher system. Mobile dental clinics are also utilised to facilitate access in regional and rural NSW.

The Westmead Centre for Oral Health, the Sydney Children's Network and the Sydney Dental Hospital provide general and specialist oral health services in their clinics and through outreach programs in rural public dental clinics and Aboriginal Medical Services. The specialist services provided by these NSW public tertiary services include paediatric dentistry, oral surgery, endodontics, prosthodontics, special needs dentistry, oral medicine and oral pathology, orthodontics, and periodontics.

Availability and affordability of dental services for people with special dental health needs.

People with special oral health needs include those who are Aboriginal, aged, disadvantaged, homeless, prisoners, refugees and who have a physical or intellectual disability or a mental illness.[4]

People with special needs can require a range of different levels of dental care from general dentistry such as extractions and restorations, through to highly trained specialist dental services. While a significant number of people with special needs can be quite satisfactorily and safely treated within the existing mainstream private dental services, barriers to access need to be addressed. Such barriers may be reduced by targeted oral health promotion activities, training for oral health staff in the specific additional needs of people with special needs, and partnerships with other health and service providers.

NSW has implemented a range of programs aimed at improving the availability and affordability of dental services for people with special dental needs. Activities include the provision of vouchers which can be redeemed with a private practitioner through the NSW State Oral Health Fee For Service program; Outreach programs from the

Westmead Centre for Oral Health, the Sydney Children's Network and the Sydney Dental Hospital; and the Better Oral Health in Residential Care Program in Nursing Homes, which provides free services to older persons living in some residential care facilities. However, these programs require the development of ongoing funding mechanisms to ensure access to dental services for those people with special dental needs.

Availability and affordability of dental services for people living in metropolitan, regional, rural and remote locations.

People living in Sydney who are from high socio-economic groups generally have good access to, and are able to afford dental services. Changes to the private health insurance rebate have however affected affordability of dental services for middle income earners.

People living in metropolitan Sydney who are from lower socio-economic groups and those living in outer metropolitan centres have generally had less access to dental services. NSW Health in its "safety net" role: has improved access for disadvantaged through the establishment of four Outer Metropolitan Centres in Liverpool, Penrith, Nowra and the Central Coast (Gosford/Wyong).

People living in regional, rural and remote areas of NSW generally have less access to dental care than those living in metropolitan areas and pay more for home health care resources such as toothbrushes and fluoride toothpaste.

NSW Health is committed to improving access to dental services through targeted interventions for people with poor access, either geographically or socioeconomically. Strategies intended to strengthen the provision of dental services to rural areas include a Hub and Spoke approach to clinics, workforce incentives, improved education and training opportunities and enhancement of the Rural and Regional Oral Health Centres.

In the Hub and Spoke model, higher capability sites (Hubs) provide services and support to smaller sites with lower capability (Spokes). This model increases the ability of smaller services to provide improved access to a broader range of services, particularly in rural and remote areas where the efficient provision of services is challenged by workforce and physical capacity. The functions of the "Hubs" include:

- A concentration of specialised expertise in providing services to people with special needs, older people, refugees, and homeless people.
- Outreach services to the Spokes.
- Education and training opportunities for staff from the Spokes.

In regional communities a Hub will be a concentration of general clinicians (dentists and oral health therapists) who can provide outreach services to smaller communities. Existing Regional and Rural Oral Health Centres are being classified as "Hubs" to link prevention and oral health promotion, access to services, oral health workforce incentives, and specialist care.

An Aboriginal Oral Health Hub and Spoke program has been established, and will serve as a model for future Hub and Spoke arrangements. This program services Aboriginal

communities, most of which are in Western NSW. It consists of a dedicated two chair oral health surgery at Sydney Dental Hospital staffed by an Aboriginal oral health coordinator, four dentists, Aboriginal dental assistants and trainees, and an Aboriginal receptionist. The dentists rotate through rural Aboriginal Medical Services clinics that do not have a dentist as well as seeing Aboriginal patients referred to the Sydney Dental Hospital clinic.

The coordination of dental services between the two tiers of government and with privately funded dental services.

In NSW, as is the case across Australia, most dental services are provided by providers.

In regard to the provision of public sector dental services Local Health Districts have clear responsibility and accountability for governing health service delivery for their local district (including dental services). These responsibilities and the funding required to deliver services to address local need are articulated in a Service Agreement negotiated between the Ministry of Health, as purchaser and system manager/regulator, and the Local Health Districts as providers of health services. The Local Health Districts can directly deliver the dental services through public clinics or engage the private sector to deliver the services.

NSW notes that the Commonwealth Government announced a number of oral health initiatives in 2012 including:

- *Grow Up Smiling*, the Child Dental Benefits Schedule;
- National Partnership Agreement for Adult Public Dental Services; and the
- Flexible Grants Program.

Whilst working with the Commonwealth Government and the private sector to provide enhanced access to oral health services for disadvantaged and special needs groups is a priority for NSW Health, a long term sustainable funding mechanism needs to be put in place to ensure that those who cannot afford private health insurance have access to basic preventive and treatment dental services.

Unfortunately National Partnership Agreements may not provide a secure funding mechanism. The current arrangement is time limited and like the Commonwealth Chronic Disease Dental Scheme (CDDS), creates a situation where service activity is increased with no certainty of that capacity being able to be sustained.

The closure of the CDDS on 1 December 2012 negatively impacts on those people with chronic conditions who are not eligible for public dental services and cannot afford private dental care. NSW residents were significant users of the Commonwealth's program ($513 million in 2012).[6] The size of this potential impact is not yet able to be quantified, although the Commonwealth has estimated that around 75% of the patients receiving benefits under the CDDS would be eligible for the state public dental services. While NSW Health will provide more dental services and meet the newly negotiated targets under the *National Partnership Agreement on Treating More Public Dental Patients*, rising waiting lists are likely due to the closure of the CDDS.

With regard to increased use of the private sector, NSW participation in the CDDS is evidence that the private sector is capable of providing additional service activity if appropriate service models are established.

Workforce issues relevant to the provision of dental services.

The majority of oral health services are provided by the private sector (87%),[2] with a relatively small proportion of all dentists in NSW within the public sector. Dental Board of Australia data indicates that less than seven per cent of dentists in NSW work in the public sector (see attachment 1 for further information). Other professions employed in oral health services include Aboriginal and Multicultural health workers, nurses, dieticians, radiographers, administrative/clerical staff and health service managers.

The optimum skill mix and distribution of the oral health workforce requires creating incentives for both the public and private sector, addressing issues of scope of practice, and encouraging dentists in particular to relocate and remain working in regional, rural and remote areas.

In 2012 the Commonwealth Government announced initiatives to encourage dentists to relocate to regional, rural and remote areas. Ongoing commitment from the Commonwealth Government is necessary to ensure equitable and affordable access to dental services for people in regional, rural and remote areas of NSW.

There is a need to expand the role of dental hygienists and oral health therapists particularly in the area of dental services to older people in residential aged care and oral health promotion.

Ongoing professional education programs are also important to achieve and maintain a skilled workforce. NSW Health supports the following initiatives:

- **Graduate Year Programs:** A range of education and training programs are in place for the career development of new dental graduates within LHDs, and the Commonwealth Government is also committing funding to graduate year programs for dentists and oral health therapists.NSW Health will work closely with the Commonwealth in the implementation of these programs to ensure the benefits are maximised and are complementary to existing programs within NSW.

- **Student Placements:** The NSW public oral health system plays an important role in supporting the education and training of dental and oral health students, by providing placements in public clinics.

- **Continuing Professional Development:** Continuing professional development (CPD) is the systematic maintenance, improvement, and broadening of knowledge and skills, and the development of personal qualities and values necessary for the conduct of professional duties throughout a person's working life. A compulsory CPD program was established by the Dental Board of Australia in July 2010 to ensure professional members maintain professional competence; update their existing knowledge and skills; and attain new or additional knowledge and skills. Given this compulsory requirement, Local Health Districts need to ensure that staff development and education programs are eligible for CPD points. The role of the NSW Health agency the Health Education and

Training Institute in the consolidation of dental clinical teaching and education coordination will be further developed.

- **Education and Training of the Non-Dental Workforce:** Oral health is important for general health. The broad health workforce of NSW needs to be up-skilled with regard to basic oral health care where appropriate. The Community Services and Health Industry Skills Council (CSHISC) project *Development of Oral Health Competencies for the Community Services and Health Workforce*[7] has led to the development of seven TAFE-based modules. These are aimed at Aboriginal and Torres Strait Islander workers, nurses, aged care workers, childcare workers, and others in similar roles, in recognition that they already provide some basic oral health care to their clients and, with appropriate training, could be more effective. The Commonwealth Government also has programs to train aged care workers in ensuring residents' daily oral hygiene is maintained.

References

1. A Healthier Future For All Australians – Final Report of the National Health and Hospitals Reform Commission – June 2009. Canberra: Commonwealth of Australia, 2009. Available at: http://www.health.gov.au/internet/nhhrc/publishing.nsf/content/nhhrc-report (Accessed 6 March 2013).
2. NSW Department of Health, Centre for Epidemiology and Research. 2010 Report on Adult Health from the New South Wales Population Health Survey. Sydney: NSW Department of Health, 2011. Available at http://www0.health.nsw.gov.au/resources/publichealth/surveys/pdf/hsa_10pub.pdf . (Accessed 6 March 2013).
3. Centre for Oral Health Strategy. New South Wales Oral Health Capital Strategy 2011-2020. Sydney: NSW Ministry of Health, 2013.
4. Garden F, Moore H, Jorm L. The current and future health status of the New South Wales population (summary report). Sydney: NSW Department of Health, 2005.
5. Australian Institute of Health and Welfare 2012. Health expenditure Australia 2010–11. Health and welfare expenditure series no. 47. Cat. no. HWE 56. Canberra: AIHW. Available at: http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737423003 (Accessed 6 March 2013).
6. Medicare Australia. Requested MBS category by group and subgroup processed from January 2012 to December 2012. 9 Dentist, Dental Specialist and Dental Prosthetists. Canberra: Medicare Australia, 2013. Available from: https://www.medicareaustralia.gov.au/cgi-bin/broker.exe?_PROGRAM=sas.mbs_group_standard_report.sas&_SERVICE=default&DRILL=on&_DEBUG=0&GROUP=9&VAR=benefit&STAT=count&RPT_FMT=by+state&PTYPE=month&START_DT=201201&END_DT=201212. (Accessed 12 March 2013).
7. Community Services and Health Industry Skills Council. Development of Oral Health Competencies for the Community Services and Health Workforce. Community Services and Health Industry Skills Council. Available at www.cshisc.com.au (Accessed 1 March 2013).

Attachment 1

Further information on the percentage of dentists in NSW working in the public sector.

The Dental Board of Australia data for NSW (2012) show that there are 4706 registered dentists (including specialists) in NSW. NSW Government data (2011) indicates that there are approximately 289 dentists (including specialists) in the public sector. The figures should be interpreted cautiously as the Dental Board data will include those not actively practising, and there are different timeframes for the Dental Board data and the public sector data.[4]